

EMPLOYMENT APPLICATION
FERGUS ELECTRIC COOPERATIVE, INC.
 84423 US Highway 87, Lewistown MT 59457-2058 Office No.: 406-538-3465 Fax No.: 406-538-7391

Position Applying for: _____ Date: _____

PERSONAL DATA

Name: _____
 Present Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ - _____ Message Phone: () _____ - _____ E-Mail Address: _____
 Driver's License: Operator CDL CDL Type: _____ Endorsements: _____
 Are you at least 18 years of age? Yes No

If required, will you work?

Rotating Shifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of Town	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? _____
 Name of school beyond High School: _____
 Training Length: _____ Date Completed: _____
 Major: _____ Minor: _____
 Apprenticeship Level: _____ In which trade? _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
 Complete Address _____

Street / P.O. Box
City
State
Zip Code

 Job Title _____ Phone () _____ - _____
 Job Description (duties, skills, equipment used) _____

Dates From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
 Complete Address _____

Street / P.O. Box
City
State
Zip Code

 Job Title _____ Phone () _____ - _____

Job Description (duties, skills, equipment used)

Dates From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () _____ - _____

Job Description (duties, skills, equipment used)

Dates From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
		() _____ - _____
		() _____ - _____
		() _____ - _____

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, creed, color, sex, age, national origin, marital status, or physical/mental disability. Do you need an accommodation to participate in the application or interview process? Yes No

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____
6-18-2008